

Provider Communication

Subject: Preferred Drug List changes for the State of Georgia Medicaid and PeachCare for Kids programs	Priority: High
Date: May 26, 2005	Message ID: ACSBNR05262005_3

Dear Provider:

EFFECTIVE July 1, 2005 - Phase II and III PDL Changes

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the next twelve (12) therapeutic categories impacted by this revision of the preferred drug list. *All current quantity level limitations apply. All non-preferred agents in these categories will require prior authorization.*

Non-Dihydropyridine Calcium Channel Blockers		
	Preferred	Non-Preferred
	Cardizem LA	Calan
	Cartia XT	Calan SR
	Diltia XT	Cardizem
	Diltiazem	Cardizem CD
	Diltiazem ER	Cardizem SR
	Diltiazem XR	Covera-HS
	Taztia XT	Dilacor XR
	1. Verapamil HCL	Isoptin SR
	2. Verelan PM	Tiazac
	3.	Verelan
Long Acting Narcotics		
	Preferred	Non-Preferred
	Avinza	Oramorph SR
	4. Duragesic	Oxycontin*
	Kadian	Fentanyl*
	Morphine Sulfate SA Tab	



	MS Contin	*Existing PA authorizations for Oxycontin Rx's will be allowed to continue uninterrupted to the end of the PA approval period. *Fentanyl requires prior authorization
Narcotic Lozenge		
	Preferred	Non-Preferred
	N/A	Actiq
Bone Ossification Suppression Agents		
	Preferred	Non-Preferred
	Fosamax	Didronel
	Miacalcin	Actonel
		Boniva
	5.	6.
Insulins	7.	
	Preferred	Non-Preferred
	Iletin	8. Humalog
	Lantus	9. Humulin
	Novolin	
	Novolog	
	Velosulin	<i>Select Lilly products are preferred when there is no Novo Nordisk equivalent product available</i>
Antihyperkinesis Agents		
	Preferred	Non-Preferred
	Adderall XR	10. Adderall
	amphetamine salt combinations	11. Desoxyn
	Concerta	Methamphetamine

	Cylert	12. Methylin Chewable Tablets
	Dexedrine Capsule SA	13. Methylin Oral Solution
	Dexedrine Tablet	Provigil
	Dextroamphetamine Sulfate Capsule SA	Strattera*
	Dextroamphetamine Sulfate Tablet	
	Dextrostat	
	Focalin	
	Metadate CD	
	Metadate ER	
	Methylin	
	Methylin ER	
	Methylphenidate ER	
	Methylphenidate HCL	
	Pemoline	
	Ritalin	
	Ritalin LA	
	Ritalin SR	<i>*Current Strattera users will be grandfathered. Additionally, all preferred and non-preferred agents will continue to be subjected to DCH's current clinical prior authorization criteria for recipients 21 years of age and older.</i>

COX II Inhibitors		
	Preferred	Non-Preferred
	Generic NSAIDS	Celebrex
		14.
NSAIDs		



	Preferred	15. Non-Preferred
	All generics	16. Arthrotec
	Mobic*	Nalfon
		Naprelan
		Oruvail
		Ponstel
	*after use of two (2) generics	
Inhaled Steroids		
	Preferred	Non-Preferred
	Advair Diskus	17. Aerobid-M*
	Aerobid	Pulmicort Turbuhaler*
	Azmacort	
	Flovent	
	Pulmicort Respules	
	QVAR	<i>*current Aerobid-M and Pulmicort Turbuhaler users will be grandfathered</i>
Angiotensin Receptor Blockers		
	Preferred	Non-Preferred
	Avapro	18. Atacand
	Benicar	
	Cozaar	
	Diovan	
	Micardis	
	Teveten	
Angiotensin Receptor Blockers and Diuretics		
	Preferred	Non-Preferred
	Avalide	19. Atacand HCT

	Benicar HCT	
	Diovan HCT	
	Hyzaar	
	Micardis HCT	
	Teveten HCT	
Selective Serotonin Reuptake Inhibitors (SSRI's)		
	Preferred	Non-Preferred
	Citalopram	Prozac
	Fluoxetine	20. Celexa
	Fluvoxamine	Paxil
	Lexapro	Rapiflux
	Paroxetine	Sarafem
	Paxil CR	
	Pexeva	
	Zoloft	

Grace Period – A 30-day “grace” period will be granted before the PA for non-preferred Bone Ossification Suppression Agents is required.

During this grace period, a non-preferred agent will adjudicate without requiring a non-preferred PA for any Medicaid member who has a claim history for that non-preferred agent along with a message to indicate that the next filling will require a PA.

Cozaar and Hyzaar – preferred status will be effective 05/01/2005.

Georgia Medicaid asks for your support in converting affected patients to an alternative preferred product where appropriate. If the preferred agent is not appropriate for a specific patient, the prescriber may contact Express Scripts at 1-877-650-9340 proactively and request a prior authorization.

Please note that the State Health Benefit Plan and the Board of Regents plan no longer utilize the same preferred drug list as Georgia Medicaid, therefore, the above changes do not impact these plans.

We appreciate your continued participation in the Georgia Medicaid program. If you have any questions, please contact Express Scripts Customer Service at 1-877-650-9340.

Sincerely,

Division of Medical Assistance

Department of Community Health